## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF MISSISSIPPI

JOHN	ROBERT SMITH, et a	al., Plaintiff		
v.			CIVIL ACTION NO.	3:01-cv-00855-HTW-DCB
DELBI	ERT HOSEMANN, et	al., Defendant		
	APPLI	CATION FOR ADMISSION	N PRO HAC VIC	Е
(A)	Name:	Deuel Ross		
` '	Firm Name:	NAACP Legal Defense and Educational Fund, Inc.		
	Office Address:	700 14th Street NW, Suite	600	
	City:	Washington	State	Zip
	Telephone:	(202) 682-1300	Fax:68	22-1312
	E-Mail:	dross@naacpldf.org		
(B)	Client(s):	See following page (1A) fo	or list of clients (an	nici curiae)
	Address:			
	City:		State	Zip
	Telephone:		Fax:	

The following information is optional:

Name: NAACP Legal Defense and Educational Fund, Inc.

Address: 40 Rector Street, 5th Floor

City: New York State: NY Zip: 10006

Name: One Voice

Address: 1072 JR Lynch Street

 City: Jackson
 State: MS
 Zip: 39203

 Telephone: (601) 960-9594
 Fax: N/A

Name: BVM Capacity Building Institute

Address: 4751 Best Road

City: Atlanta State: GA Zip: 30337 Telephone: N/A Fax: N/A

Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?

For decades, my firm and client -- the NAACP Legal Defense & Educational Fund, Inc. -- has represented and continues to represent African Americans in voting rights litigation challenging racially discriminatory redistricting schemes across the South.

Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?

I have over a decade of experience litigating complex voting rights cases on behalf of African-American voters in the South.

(C) I am admitted to practice in the:

<b>✓</b>	State of New York
	District of Columbia

and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

Supreme Court of the State of New York Appellate Division, First Department 27 Madison Avenue New York, NY 10010 (212) 340-0400 https://www.nycourts.gov/courts/AD1/

All other courts before which I have been admitted to practice:

	Jurisdiction	Period of A	Admissic	on
U.S. Court of Appeals - 5th Circuit  U.S. Court of Appeals - 11th Circuit  U.S. Supreme Court  New York Southern District Court  New York Eastern District Court  2015-pres 2014-pres 2022-pres 2013-pres 2013-pres		2011-prese 2015-prese 2014-prese 2022-prese 2013-prese 2013-prese 2014-prese	nt nt nt nt nt	
(D)	Have you been denied admission pro hac vice in this state?		Yes	No •
	Have you had admission pro hac vice revoked in this state?		0	$\odot$
	Has Applicant been formally disciplined or sanctioned by a in this state in the last five years?	ny court	0	$\odot$
name and fi	answer was "yes," describe, as to each such proceeding, the of the person or authority bringing such proceedings; the dat nally concluded; the style of the proceedings; and the finding ection with those proceedings:	es the proce	edings v	vere initiated
(E)	Has any formal, written disciplinary proceeding ever been brought against you by a disciplinary authority in any other jurisdiction within the last five years?		Yes	No •

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

			Yes	No
(F)	Have you been formally held sanctioned by any court in a for disobeying its rules or or	written order in the last fi		•
	If the answer was "yes," desethe name of the court before contempt order or sanction, to court's rulings (a copy of the attached to the application).	which such proceedings whe caption of the proceedings	vere conducted; the date ings, and the substances	e of the of the
(G)	Please identify each proceed pro hac vice in this state w	•		roceed
Nam	e and Address of Court	Date of Application	Outcome of Appl	ication

(H) Please identify each case in which you have appeared as counsel pro hac vice in this state within the immediately preceding twelve months, are presently appearing as counsel pro hac vice, or have pending applications for admission to appear pro hac vice, as follows:

Name and Address of Court

Style of Case

		Yes	No
(I)	Have you read and become familiar with all the LOCAL UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS OF MISSISSIPPI?	•	0
	Have you read and become familiar with the MISSISSIPPI RULES OF PROFESSIONAL CONDUCT?	•	0

(J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar Number Fred L. Banks, Jr.

Firm Name: Phelps Dunbar LLP

Office Address: 4270 I-55 North

City: Jackson State: MS Zip: 39211

Telephone: (601) 352-2300 Fax: (601) 360-9777

Email address: fred.banks@phelps.com

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FORM 6 (ND/SD MISS. DEC. 2016)

(K)	The undersigned resident attorney certifies that he/she agrees to the association with
	Applicant in this matter and to the appearance as attorney of record with Applicant.

/s/ Fred L. Banks, Jr.

Resident Attorney

I certify that the information provided in this Application is true and correct.

Date Applicant's Handwritten Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

## CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission

Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

/s/ Fred L. Banks, Jr.

Resident Attorney